DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION   Atty. Docket No.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

A Belt Retractor

the specification of which

(check one)   ☒ is attached hereto.

☐ was filed on_____ as Application Serial No. _____

and was amended on_____ (if applicable).

☐ was filed on_____ as International Application No. _____

and was amended on_____

by ☐ Preliminary Amendment   ☐ Article 19;   ☐ Article 34   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

202 17 632.0	Federal Republic of Germany	14/11/2002	Priority Claimed ☒ Yes ☐ No
(Number)	(Country)	(Day/Month/Year Filed)	
			☐ Yes ☐ No
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occured between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)	(Filing Date)	(Status-patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status-patented, pending, abandoned)

Power of Attorney: As a named inventor, I hereby appoint the following attorneys: Thomas L. Tarolli, Reg. No. 20,177; Robert B. Sundheim, Reg. No. 20,127; Calvin G. Covell, Reg. No. 24,042; Barry L. Tummino, Reg. No. 29,709; Paul E. Szabo, Reg. No. 30,429; James L. Tarolli, Reg. No. 36,029; Ronald M. Kachmarik, Reg. No. 34,512; Richard S. Wesorick, Reg. No. 40,871; Maurice R. Salada, Reg. No. 26,502; Allan W. Vogele, Reg. No. 28,127; and Gary L. Hermanson, Reg. No. 34,349; each with full powers of substitution and revocation to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

SEND CORRESPONCENCE TO: **TAROLLI, SUNDHEIM, COVELL, TUMMINO & SZABO L.L.P.**
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1)   Full name of sole or first inventor   Ralf STROBEL
       Inventor's signature _____   Date _Nov. 3rd, 2003_
       Residence _____73525 Schwäbisch Gmünd, Federal Republic of Germany_____   Citizenship _German_
       Post Office Address __Ronsparger Strasse 19, 73525 Schwäbisch Gmünd, Federal Republic of Germany_

2)   Full name of second inventor _____

       Inventor's signature _____   Date _____
       Residence _____   Citizenship _____
       Post Office Address _____